

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

APPLICANT(S)

10781009

FILING DATE 2-18-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6	1					
7	1					
8	1					
9	1					
10	1	3				
11	1					
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50						
TOTAL IND.	9					
TOTAL DEP.	8					
TOTAL	17					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL						